

Patient Information: PLEASE FAX LEGIBLE COPY OF INSURANCE CARD (FRONT & BACK) WITH REFERRAL

Name: _____ DOB: ____/____/____ SSN: ____/____/____
 Address: _____ City: _____
 State: _____ ZIP: _____ **Patient Phone No:** _____
 Insurance: _____ Policy No.: _____
 Group No: _____ Insurance Phone: _____
 CA#: _____ # of Visits Approved: _____

Chief Complaint(s) please check all that apply: Apnea Snoring Hypersomnia Insomnia
 Restless(RLS) or Periodic Limb Movement(PLMS) Parasomnias Narcolepsy Daytime Sleepiness
 Nocturnal Seizures Other: _____

Referral Instructions (check ONE from this section):

Evaluate, Sleep Study & Treatment

- Comprehensive Sleep Care Plan:**
Includes consultation with Sleep Specialist to evaluate and treat patient which may or may not include;
- In Lab PSG (polysomnography)
 - Titration Study
 - Home Sleep Testing (available at select locations)
 - Follow-up
 - DME Setup
 - PAP Therapy Clinic

- Sleep Study and Treatment Plan:**
Includes PSG (polysomnography) with post study consultation with sleep specialist to review findings and further treatment plans which may include CPAP/BiPap Titration Study and DME Setup.

PAP Therapy Clinic

- PAP Therapy (CPAP, BiPap, APap & ASV)**
Includes consultation with PAP therapist and sleep specialist for evaluation, equipment setup, training and education, mask fitting, compliance management and/or equipment assessment.

Sleep Study Only

(results sent to referring physician for follow-up and treatment)

- PSG (polysomnography)**
Full night sleep study/PSG
- CPAP or BiPAP Study (circle one)**
Full night titration with documented OSA
- SPLIT Night Study**
Full night sleep study with first half diagnostic and second half CPAP if criteria is met
- MSLT (Multiple Sleep Latency Test)**
Full night PSG followed by daytime napping test. Used to diagnose narcolepsy or excessive daytime sleepiness
- MWT (Maintenance of Wakefulness Test)**
Daytime test lasting approximately 7 hours . Used to measure a persons ability to stay awake during the day in very quiet, non-active environment.
- PSG with Full EEG**
Full night PSG with video EEG monitoring to evaluate for nocturnal seizures and/or other causes of nighttime sleep disruptions.

Referring Physician Information: NPI# _____ Group NPI# _____

Name of Physician: _____ Practice Name: _____
 Referral Contact: _____ Phone Number: _____
 Referral Fax: _____ After Hrs # for Physician: _____

▶ **Physicians Signature:** _____ **DATE:** _____

This section filled out by USM and faxed back for your records

Appointment time/date: _____ / _____

Appointment notification will be faxed back for your records. We make every effort to contact the patient regarding setting up the appointment. IF WE DO NOT reach the patient after 3 attempts, we will ask the referring office to please contact them regarding setting up their appointment. As always, "Thank You" for your referrals!
 If you experience a problem in getting this referral through to United Sleep Medicine, please contact our Manager, Monica Case at # 704-953-5356